



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Reniero et al.
Appl. No.: 09/936,542
Conf. No.: 7122
Filed: September 10, 2001
Title: LACTOBACILLUS STRAINS CAPABLE OF PREVENTING DIARRHOEA
CAUSED BY PATHOGENIC BACTERIA AND ROTAVIRUSES
Art Unit: 1651
Examiner: D. Ware
Docket No.: 112843-032

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

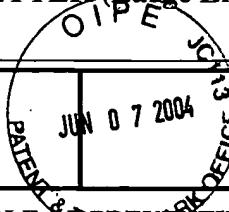
Sir:

In response to the Office Action dated April 6, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Reniero et al.				Docket No. 112843-032	
Serial No. 09/936,542	Filing Date September 10, 2001	 JUN 07 2004	Examiner D. Ware	Group Art Unit 1651	
Invention: LACTOBACILLUS STRAINS CAPABLE OF PREVENTING DIARRHOEA CAUSED BY PATHOGENIC BACTERIA AND ROTAVIRUSES					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21	22 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	7	7 =	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </p>					
 Dated: June 4, 2004					
<i>Signature</i>					
Robert M. Barrett Reg. No. 30,142 BELL, BOYD & LLOYD LLC P.O. Box 1135 Chicago, IL 60690-1135 Phone: 312-87-4204					
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on 06-04-04 with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450. </div>					
 <i>Signature of Person Mailing Correspondence</i>					
Renee Street					
<i>Typed or Printed Name of Person Mailing Correspondence</i>					
CC:					